


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000103237	
1. Entity Name ORIGINAL JUNIE'S RESTAURANT, INC.	

Principal Place of Business 18400 N.W. 2ND AVENUE #11 MIAMI, FL 33169	Mailing Address 18400 N.W. 2ND AVENUE #11 MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0799598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PITTER, DAVE
18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PITTER, DAVE 18400 N.W. 2ND AVENUE #11 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAW, MAUREEN 18400 N.W. 2ND AVENUE #11 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURGESS, KAREN 10995 NEPTUNE DR COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/04-80023-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laven S Burgess 4/24/04 (94) 993-3083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #